MARYLAND STATE DEPARTMENT OF HEALTH 01103

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

355

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wrangelville Rural LENGTH OF STAY (in this place) Two mts
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) R R #1

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) A. (Last) Bailey

4. DATE OF DEATH (Month) Jan (Day) 5 (Year) 1952

5. SEX M. 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 8. DATE OF BIRTH May 2, 1905 9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawyer 10b. KIND OF BUSINESS OR INDUSTRY Pulp Mill 11. BIRTHPLACE (State or foreign country) Laurel Del 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Bailey 14. MOTHER'S MAIDEN NAME Jennie Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY No. 221-18-8266 17. INFORMANT AND ADDRESS Miss Hazel Culver (Sister of deceased)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of Skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto-accident (Collision) Abt 1 hour

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY State Road 610 (CITY OR TOWN) (COUNTY) Worcester (STATE) Md

TIME OF INJURY (Month) Jan (Day) 5 (Year) 1952 (Hour) 5:50 p.m. INJURY OCCURRED While at work ☐ Not while at work ☑ HOW DID INJURY OCCUR? Auto Collision - Near head on

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Antonius Dep Med Exam (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED 1/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 1/8-52 NAME OF CEMETERY OR CREMATORY Ezwoerte Church Cemetery LOCATION (City, town, or county) Laurel Del R D (State)

DATE REC'D BY LOCAL REG. 1-9-52 REGISTRAR'S SIGNATURE Mary W. Holloway 24. FUNERAL DIRECTOR H. L. Risharoon ADDRESS Laurel Del.

Helen F. Hayward

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01104

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH- COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 20.
HOSPITAL OR INSTITUTION OR STREET ADDRESS South Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) South Main St.

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) Martha (Last) Beauchamp.
4. DATE OF DEATH (Month) Jan. (Day) 27 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 5, 1875
9. AGE last birthday 76. yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN- OR WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William S. Hastings
14. MOTHER'S MAIDEN NAME Moriah Murray.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hettie Hudson Selbyville Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Hypertensive Heart Disease | 18 months |
| 443X Antecedent cause(s) | (b) Hypertension | 5 years |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Cerebral Angio spasm | 3 years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 13, 1950, to Jan 26, 1952, that I last saw the deceased alive on Jan. 26, 1952, and that death occurred at 5 50 A.m., from the causes and on the date stated above.

SIGNATURE T. F. O'Donnell (Degree or title) M.D. ADDRESS Berlin, Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 29, 1952
NAME OF CEMETERY OR CREMATORY I.O.O.F.
LOCATION (City, town, or county) Bishopville (State) Md.

DATE REC'D BY LOCAL REG. 1-28-52
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Peter Whaley Selbyville Del. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01105

# CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Wolsey (Middle) Burton (Last) Brittingham

4. DATE OF DEATH (Month) Jan. (Day) 7 (Year) 1952

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1888
9. AGE last birthday 63 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Worcester Co. Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Brittingham
14. MOTHER'S MAIDEN NAME Emma Carey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Nancy Brittingham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Whaleyville R.F.D.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1952, to Jan 6, 1952, that I last saw the deceased alive on Jan 6, 1952, and that death occurred at 1230 A.m., from the causes and on the date stated above.

SIGNATURE Chas. R. Law (Degree or title) ADDRESS Berlin Md DATE SIGNED Jan 8-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 11, 1952
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) near Whaleyville (State) Md.

DATE REC'D BY LOCAL REG. 1/8/52
REGISTRAR'S SIGNATURE Mrs Hilda A. Bergey
24. FUNERAL DIRECTOR Henry T. Watson ADDRESS Pocomoke City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

01106

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (In this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) (Last) Clayton
4. DATE OF DEATH (Month) Jan. (Day) 3 (Year) 1952
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec. 1-1893
9. AGE last birthday 58/1/2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor
10b. KIND OF BUSINESS OR INDUSTRY Basket Factory
11. BIRTHPLACE (State or foreign country) Hillsboro Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Clayton
14. MOTHER'S MAIDEN NAME Georgie Ann White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Mr Wilbur Clayton Queen Ann, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Pulmonary Edema | 3 days |
| 443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardiovascular Renal disease | 5 yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1951, to January 3, 1952, that I last saw the deceased alive on January 2, 1952, and that death occurred at 7 00 A.m. from the causes and on the date stated above.

SIGNATURE Robert G. LaMar (Degree or title) MD ADDRESS Snow Hill DATE SIGNED 1-3-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 6/52
NAME OF CEMETERY OR CREMATORY Hutto Chapel near
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 1/4/52
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Clay E. Lewis ADDRESS Snow Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 7 1952
BUREAU V. S.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

01107

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
STREET ADDRESS (If rural, give location) Near Greenhill

3. NAME OF DECEASED (Type or Print) (First) IRA (Middle) PRICE (Last) EBY

4. DATE OF DEATH (Month) Jan 30, (Day) 1952 (Year) 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept 17, 1860

9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister

10b. KIND OF BUSINESS OR INDUSTRY Clergy

11. BIRTHPLACE (State or foreign country) Waterloo, Iowa

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Samuel Eby

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Eva Pusey, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Disease | 1 mo. |
| 177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Myocarditis Chronic Int Nephritis | Years |
| | (c) Carcinoma of prostate | Years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. general arterio-sclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to ....., 1951, that I last saw the deceased alive on June, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Luige C. Coulbourn MD (Degree or title) ADDRESS Marion - Md. DATE SIGNED 1-31-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb 3, 1952

NAME OF CEMETERY OR CREMATORY Quinton Cemetery

LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REG. 1/31/52

REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

RECEIVED
FEB. 4 1952
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. CH0 DATE 7/4/52

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) St. Martins R.L.D.

3. NAME OF DECEASED (Type or Print) (First) Carl (Middle) Chester (Last) Holland Jr.
4. DATE OF DEATH (Month) Jan. (Day) 19 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH Jan. 13 1933
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Line Sman
10b. KIND OF BUSINESS OR INDUSTRY Electric Co.
11. BIRTHPLACE (State or foreign country) Berlin Md R.L.D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Carl C. Holland Sr.
14. MOTHER'S MAIDEN NAME Mabel Smallwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 220-28-2237
17. INFORMANT AND ADDRESS C. C. Holland Berlin Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock, Multiple Fractures, Rt Femur, — INTERVAL BETWEEN ONSET AND DEATH 25 min.

816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cervical Spine, Left Anist, Fracture of Skull

(c) Compound Fracture of Nose - Internal Squares

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Larynx & Compression of Jugular

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Highway No 50 (COUNTY) Worcester Co. (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 1-19-52 5:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Accident in Road M.V. will [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.* Expired 5:40 P.M.

SIGNATURE Herman A. Rahlin (Degree or title) M.D. ADDRESS 5 Boyss, Berlin, Md DATE SIGNED 1/19/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/22/52
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 1-21-52
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Irene A Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

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RECEIVED
JAN 23 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City — LENGTH OF STAY (In this place): All Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 419 Laurel St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City Md
STREET ADDRESS (If rural, give location): 419 Laurel St.

3. NAME OF DECEASED (Type or Print): (First) Sydney (Middle) W. (Last) Jenkins
4. DATE OF DEATH: (Month) 1 (Day) 31 (Year) 1952
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 1870
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Off-bearer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Pocomoke City Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Jenkins
14. MOTHER'S MAIDEN NAME: Marsh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: –
17. INFORMANT AND ADDRESS: Rosanna Selby – a relative

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis

450.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr. M. E. Gartner (Degree or title) Dep. Med. Exam. — ADDRESS: Pocomoke City Md — DATE SIGNED: 1/31

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/3/52 — NAME OF CEMETERY OR CREMATORY: Hall Hill cem. — LOCATION (City, town, or county) (State): Pocomoke Md

DATE REC'D BY LOCAL REG.: Feb. 2, 1952 — REGISTRAR'S SIGNATURE: Anne E. White — 24. FUNERAL DIRECTOR: Edgar W. Hunter — ADDRESS: New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB. 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) Dudley Ave.

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) BELLE (Last) McMICHAEL

4. DATE OF DEATH (Month) (Day) (Year): Jan 5, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Mch 25 1865

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mtn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Rufus W. Mitchell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Thomas F. McMichael, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pneumonia, Terminal | 4 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Diabetes Mellitus | years |
| | (c) Generalized Arteriosclerosis | years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1949, to Jan 5, 1952, that I last saw the deceased alive on Jan 5, 1952, and that death occurred at 4:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles W. Trader A.B., M.D. Pocomoke City, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 8 1952

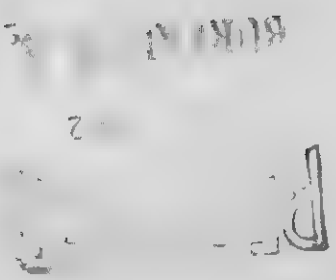
NAME OF CEMETERY OR CREMATORY: Pitts Creek Presbyterian

LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Jan 8, 1952

REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR ADDRESS: Dennis & Watson, Pocomoke, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #4; MARYLAND; LENGTH OF STAY (In this place) 3 Weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton Rural #; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) J. (Last) Mills

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: June 2-1876

9. AGE last birthday: 75/7/2 — If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber mill

11. BIRTHPLACE (State or foreign country): Pocomoke City, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Levin Mills

14. MOTHER'S MAIDEN NAME: Jane Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ida Pollick, Girdletree, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset and Death: 2 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Renal Disease — 5 yrs

442X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Totally Blind.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Jan. 4, 1952, that I last saw the deceased alive on Jan. 3, 1952, and that death occurred at 6 00 A m., from the causes and on the date stated above.

SIGNATURE: J. Bentley LaMar (Degree or title) M.D. ADDRESS: Snow Hill. DATE SIGNED: 1-5-52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: Jan. 7/52

NAME OF CEMETERY OR CREMATORY: Mt Hope

LOCATION (City, town, or county) (State): Stockton, Rural # Md

DATE REC'D BY LOCAL REG. 1/7/52

REGISTRAR'S SIGNATURE: R. Ray Smith

24. FUNERAL DIRECTOR: Elias E. Dennis ADDRESS: Snow Hill, Md

RECEIVED
JAN 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

11.
Reg. Dist. No. 3-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City — Rural Route | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. Y. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yonkers.
STREET ADDRESS (Or location) 56 Crossbrook St.

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) (Last) Munn.
4. DATE OF DEATH: (Month) Jan. (Day) 27 (Year) 52

5. SEX F | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 3/8/1888 | 9. AGE Last birthday 63 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (State or foreign country) Buffalo - N.Y. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Patrick McCarthy | 14. MOTHER'S MAIDEN NAME Catherine Dwyer

15. EVER A DECLARED MEMBER OF U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. 092-20-3734 | 17. INFORMANT AND ADDRESS Peter C. Munn.

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Trauma to Heart - due to — Hours

819.6 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Depressed fractured ribs — Months

(c) Results of Auto Collision. — Days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway 13 (CITY OR TOWN) New Pocomoke City (COUNTY) Worcester (STATE) Md.

TIME OF INJURY (Month) Jan (Day) 27 (Year) 1952 (Hour) 12 (Am.) (Pm.) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Auto Collision on Highway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) R. Satterfield Jr. Satterfield M.D. ADDRESS Pocomoke City Md. DATE SIGNED 1/21/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1-31-52 | NAME OF CEMETERY OR ~~CREMATORY~~ Kensico Cemetery | LOCATION (City, town, or county) Kensico (State) N.Y.

DATE REC'D BY LOCAL REG. Jan. 28, 1952 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR AND ADDRESS Henry N. Watson Pocomoke City, Md.

VS/A15A

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JAN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

13

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) 13 St Louis Ave

3. NAME OF DECEASED (Type or Print) (First) Josiah (Middle) (Last) Savage
4. DATE OF DEATH (Month) Jan (Day) 16 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Colored
8. DATE OF BIRTH June 14, 1900
9. AGE last birthday 51 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station Operator
10b. KIND OF BUSINESS OR INDUSTRY Own station
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ezechial Savage
14. MOTHER'S MAIDEN NAME Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Christine ~~Intigre~~ Macintyre Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary thrombosis | 1 hour |
| Antecedent cause(s) | (b) Chronic myocardial failure with exacerbation | 12 hours |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Valvular heart disease | 3 |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to June 16, 1951, that I last saw the deceased alive on ——, 19——, and that death occurred at —— m., from the causes and on the date stated above.

SIGNATURE H J Jourisard, Jr. MD (Degree or title) asst Medical Examiner Worcester County ADDRESS Ocean City, Md DATE SIGNED Jan 13, 51

23. BURIAL, CREMATION REMOVAL (Specify) Interest
DATE Jan 13 1952
NAME OF CEMETERY OR CREMATORY St Martin Church
LOCATION (City, town, or county) Bishopsville (State) Md.

DATE REC'D BY LOCAL REG. 1-13-1952
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Peter Whaley, Bishopsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

JAN 18
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

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Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Milford Del.
STREET ADDRESS (If rural, give location) RFD #3 Lincoln, Del.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Taylor (Last) Schoolfield
4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 1/22/52
9. AGE last birthday: Infant yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Lee Schoolfield
14. MOTHER'S MAIDEN NAME: Catherine Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation

761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unattended at birth.

(c) Choked by Loop of Cord

INTERVAL BETWEEN ONSET AND DEATH: 5 min.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 weeks Premature

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/22, 1952, to 1/22/52, 19..., that I last saw the deceased alive on Never, 19..., and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irvine M. Bradford, MD
ADDRESS: 508-5th and Pocomoke, Md
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/22/52
NAME OF CEMETERY OR CREMATORY: St James Cem.
LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Jan 22 1952
REGISTRAR'S SIGNATURE: Anne E. White
24. FUNERAL DIRECTOR: Edgar Wharton
ADDRESS: New Church, Va

1012

RECEIVED
JAN 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Worcester MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin — LENGTH OF STAY (in this place) Most of life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - Route #3 | STREET ADDRESS (If rural, give location) Route #3 |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Charles | (Middle) Edward | (Last) Showell | 4. DATE OF DEATH | (Month) 1 - (Day) 15 - (Year) 1952 |
| 5. SEX Male | 6. COLOR OR RACE A. A. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH About 1882 | 9. AGE last birthday About 70 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscaping & Gardening | 10b. KIND OF BUSINESS OR INDUSTRY Corinthian Yacht Club - Berlin, Maryland | | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Kater Showell | | | 14. MOTHER'S MAIDEN NAME Caroline Jones | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Mrs. Helen Hunter, Chester, Pa. | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950 to Jan 15, 1952, that I last saw the deceased alive on Jan 14, 1952, and that death occurred at 7:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford E. Schott M.D. Berlin Md.

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 1-20-'52 | NAME OF CEMETERY OR CREMATORY Evergreen Cemetery | LOCATION (City, town, or county) Berlin, Worcester Co. (State) Md. |
| DATE REC'D BY LOCAL REG. 1-18-52 | REGISTRAR'S SIGNATURE Helen F Hayward | 24. FUNERAL DIRECTOR James B. Dashiell, Salisbury, Md. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1952
BUREAU V. S.

Item 9 Filmclc9 1/30/52 wh.w

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place): Most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Branch Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): Branch

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) L. (Last) Taylor
4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: A. A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Sept 20 81
9. AGE last birthday: 69 7/12 yrs.
If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13. FATHER'S NAME: George Taylor
14. MOTHER'S MAIDEN NAME: Susan Rayne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Elton M. Taylor, Berlin, Worcester Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH * Pulmonary Edema + Anuria — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Hypertension Myocarditis & Anemia — 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart disease & generalized arteriosclerosis — 2 yrs

(c) diabetic Mellitus — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Jan 52, to Jan 12, 1952, that I last saw the deceased alive on 12 Jan, 1952, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Kenneth Rabbitt M.D | 5 Bay St Berlin Md | 1/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1-15-'52 | NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery | LOCATION (City, town, or county) (State): Berlin, Worcester Co. Md.

DATE REC'D BY LOCAL REG.: Jan 15-52 | REGISTRAR'S SIGNATURE: Helen F. Hayward | 24. FUNERAL DIRECTOR: James B. Dashiell | ADDRESS: Salisbury, Md.

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JAN 21 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City — LENGTH OF STAY (in this place): 12 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Colie (Last) Thornton
4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/9/1884
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Chincoteague, Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John T. Thornton
14. MOTHER'S MAIDEN NAME: Comfort
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. James Farlow Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma right lung. — 1 year ?

11 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 1950, to day of death, 19, that I last saw the deceased alive on 1-2, 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE: Frank [illegible] (Degree or title) M.D. — ADDRESS: Pittsburg Maryland — DATE SIGNED: Jan 3, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1/4/52 — NAME OF CEMETERY OR CREMATORY: Baptist — LOCATION (City, town, or county): Chincoteague (State): Va

DATE REC'D BY LOCAL REG.: 1-4-52 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: Anna A. Burbage — ADDRESS: Berlin Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

01118

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH**
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishop
LENGTH OF STAY (In this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishop Md
STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print): (First) Peter (Middle) L. (Last) Tull.

**4. DATE OF DEATH**: (Month) 1 — (Day) 31 — (Year) 52

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Widower

**8. DATE OF BIRTH**: Aug 4 1872

**9. AGE last birthday**: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer

**10b. KIND OF BUSINESS OR INDUSTRY**: Penn Railroad

**11. BIRTHPLACE** (State or foreign country): Whaleyville

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: Lever Tull

**14. MOTHER'S MAIDEN NAME**: Jane Godfrey.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): yes — (If year, give war or dates of service):

**16. SOCIAL SECURITY NO.**: —

**17. INFORMANT AND ADDRESS**: Mrs Vata Baker Bishop Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Carcinomatosis | 6 mos. |
| 151 X Antecedent cause(s) | (b) Carcinoma of stomach | 2 yrs. |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify):

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:

**INJURY OCCURRED** While at Work ☐ Not While At work ☐

**HOW DID INJURY OCCUR?**:

**22.** I hereby certify that I attended the deceased from Aug, 1951, to Jan 31, 1952, that I last saw the deceased alive on Jan 30, 1952, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE: William N Young — (Degree or title): MD — ADDRESS: Selbyville Del — DATE SIGNED: Feb. 5 1952

**23. BURIAL, CREMATION, REMOVAL** (Specify): Buried — DATE: 2-3-52 — NAME OF CEMETERY OR CREMATORY: Glen Mill Md — LOCATION (City or town, or county) (State): Whaleyville, Md.

DATE REC'D BY LOCAL REG.: 2-3-52 — REGISTRAR'S SIGNATURE: Nellie A Borgey

**24. FUNERAL DIRECTOR** — ADDRESS: Peter Whaley Selbyville Del.

RECEIVED
FEB 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

01113

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pocomoke

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Pocomoke

3. NAME OF DECEASED (Type or Print): (First) RILEY (Middle) (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 30, 1952

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 7, 1871

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clergyman

10b. KIND OF BUSINESS OR INDUSTRY: Church

11. BIRTHPLACE (State or foreign country): Pocomoke, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Sarah Lindsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Lucy Williams--Rt.2-Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Apoplexy — Interval Between Onset and Death: 10 hrs.

334.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Hypertension — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19..., to Jan 30, 1952, that I last saw the deceased alive on Jan 29, 1952, and that death occurred at 3:20 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Cohen Snow Hill Md 2-1-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 3, 1952 — NAME OF CEMETERY OR CREMATORY: Shiloh Cemetery — LOCATION (City, town, or county) (State): near Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Feb. 3, 1952 — REGISTRAR'S SIGNATURE: Anne E. White — 24. FUNERAL DIRECTOR: W. Harvey Bradshaw — ADDRESS: Crisfield Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 6 1952
BUREAU V. S.